STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s)	Adam Schmidt		
II. Name of lobbyist's part	tnership, firm or corporation, if	any:	
Bianco Professio	nal Association		
(Name of p	partnership, firm or corporation)		
18 Centre Stree	t Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 225-7170	(603) 226-0165	e-mail <u>asch</u>	midt@biancopa.com
(Telephone)	(Fax	K)	
reportable expense transa	(Choose one – file separate repo ctions which are not attributable ons occurring in the months prior to	to any one client).	
(Ful	Name of Client as it appears on the I.	obbyist Registration Form)	· · · · · · · · · · · · · · · · · · ·
	ns by the lobbyist (including the lo lient.	bbyist's family), or the lobb	ying firm listed below which are
	ril 26, 2017 and the state of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30	9/17
	tober 25, 2017 X ty from 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12	
	ees received and no reportable lete just this form and submit it to t		
VI. Check if additional rep	oorts are attached:		
	es or made expenditures, you must	file Addendum A- Fees an	d Expenses
If you have paid an hon Expense Reimbursement	orarium or reimbursed expenses, y	ou must file Addendum B-	Report of Honorariums or
-	ur family has made political contri	butions, you must file Adde	ndum C- Political Contributions
Sworn Statement/Affirma I have read RSA 15, RSA I and complete to the Jest of (Signature of lobbyist) Adam Schmidt	5-B, RSA 14-C and RSA 664 and	10/19/	
(Print Name of lobbyist)			

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa	<u>-</u> ·	-	
	fessional Association artnership, firm or corporation)		
(Name of pa	muscismp, tirm or corporation)		
III. Name of Client		Date 10/19/2017	
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	Long	Pat	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100.00	Office Candidate i	s Seeking Alderman
enter an estimated value and	d the word "estimate."		ution. If the actual cost is not known
enter an estimated value and	d the word "estimate." Shaw	Barbara	
enter an estimated value and	d the word "estimate."		(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Shaw (Last Name) 100.00 kind contribution, providentribution on the line about	Barbara (First Name)	(Middle Name/Initial) ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ _ actual cost of the in-kind co	Shaw (Last Name) 100.00 kind contribution, providentribution on the line about	Barbara (First Name) e a description of the good ove for amount of contribu	(Middle Name/Initial) ds or services provided, and enter the actual cost is not known
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	Shaw (Last Name) 100.00 kind contribution, provide ontribution on the line about the word "estimate."	Barbara (First Name) e a description of the good ove for amount of contribu	(Middle Name/Initial) ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am	
enter an estimated value and the word "estimate."	,
(If more than three contributions were made, report additional contrib	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby	
is true and complete to the best of my knowledge and bel	ief.
(Signature of lab wigt)	10/19/2017
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	